

Rogers

## ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT

Last Name Faur	First Raquel	Middle Suffic.	Aliases, Scars None	Marital Status M	Booking Number							
Address 2333 Meadowlark		City Sierra Vista	State/Zip AZ	Origin C	Sex F	Height 5-5	Weight 155	Hair Brn	Eyes Blu	Complexion		
Age 48	Date of Birth 11-21-1970	Place of Birth U.S.C	Native 558-28-1165	Court Case Number None			None					
Emergency Name and Number and Relationship to Person				Address								
F.B.I. Number			State ID Number				Driver's License No. and State D08694218 /AZ					
Arresting Agency CCSO		Arrest Date 12-5-18	Arrest Time 1627	DR Number 18-42181	Location of Arrest 7th and Carmelita in Sierra Vista, AZ							
Arresting Officer's Name and Number C. Larimer			Transferring Officer E. Encinas			Location of Occurrence 7th and Carmelita in Sierra Vista, AZ						
1. Did defendant attempt to avoid or resist arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Was defendant armed at time of offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Was anyone injured or threatened with personal injury by defendant during the course of the offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			4. Was defendant armed at time of arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Was defendant involved in the offense? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Has defendant made any threats against potential witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is defendant considered a flight risk? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Was evidence of the offense found in defendant's possession? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9. Does the State oppose an unsecured release at this time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Defendant is pursuant to <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Surrender <input type="checkbox"/> Warrant			
11. Was Property Taken or Destroyed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value: _____			12. Is there any indication defendant is <input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict <input type="checkbox"/> mentally disturbed			13. List any other charges outstanding against the defendant.						
Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No			Explain YES answers to questions 1 - 13									
Is this being submitted as a 48-hour complaint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

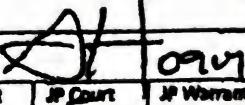
IF SHOPLIFTING - ITEM TAKEN:

OFFICER'S STATEMENT OF PROBABLE CAUSE:  
To: JUDGE DICKERSON COURT: JP 6 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)

See PC Statement.

FOR DEP

C. LARIMER

Print Officer Name and Badge # C. Larimer		1417	Officer's signature:  10/07/18										
JP Court JPS	JP Warrant	SC Div	SC Warrant	JP Court JPS	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant		
Charge Description Possession of Dangerous Drug		Cnts 1	Charge Description Possession of Drug paraphernalia		Cnts 1	Charge Description Conspiracy / Poss. Drug & D		Cnts					
Violation of Code/Sec: A.R.S. 13-3407A1		Compl No.	Violation of Code/Sec: A.R.S. 13-3416A		Compl No.	Violation of Code/Sec A.R.S. 13-1003 / 3407A1		Compl No.					
Why released & Receipt		Released by:	Why released & Receipt		Released by:	Why released & Receipt		Released by:					
Date Released	<input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Booking Officer Signature							
Date Booked	Time	Day	Badge #	Booking Officer		Hold		DR No:					
DR No:				DR No:									
Vehicle Color		Year	Make and Model		License No.		State	Disposition of vehicle:					

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